



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
COMMUNITY EDUCATION/SERVICE-LEARNING  
Service-Learning Program

**QUARTERLY INVOICE**

Vendor Name			Grant Year
County/District Code Number _____ - _____	Phone Number (     )	Fax Number (     )	
Coordinator Name		Title/Position	
Street Address			
City	State	Zip Code	

**DESCRIPTION OF SERVICES**

Instructions:

1. For each invoice period, complete form even if grant monies have not been spent.
2. All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct. Receipts/purchase orders are not required with this form but must be kept on file.
3. List total Learn and Serve America grant expenses you are requesting reimbursement for.
4. Forms not completed in their entirety or according to directions will be returned for revision and could result in delay of payment.
5. Invoice dues date indicated in the submitted grant application.

Grant Monies	Amount of Verifiable Expenditures
Total Amount Awarded	\$
Total Amount Spend this Quarter	- \$
Total Amount Remaining	\$
Match	
District Match this Quarter	\$
Non-District Match this Quarter	+ \$
Total Match Generated this Quarter	\$
Total Match to be Generated	\$
Total Match Generated this Quarter	- \$
Match Remaining to be Generated	\$

Signature on this form indicates that the vendor has complied with all guidelines in expending the grant award and that all expenditures have been approved and are related to the Learn and Serve America Program and such documentation is available upon request.

Signature of Coordinator	Date	Signature of Superintendent	Date
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**FOR OFFICE USE ONLY**

Approved by		Date	Quarter	Payment Month/Year
Total Amount Awarded	\$	Approval		<b>PLEASE COMPLETE AND RETURN TO:</b> Service Learning Supervisor Community Education Department of Elementary and Secondary Ed. P.O. Box 480 Jefferson City, Missouri 65102-0480 Phone: (573) 526-5395 FAX: (573) 526-4261
Previous Amount(s) Paid	\$			
Amount Paid with this Invoice	\$			
Amount Remaining	\$			